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**Exhibit A-3**  
**Wildfire Subrogation Claimant Proof of Claim Form**

UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF CALIFORNIA (SAN FRANCISCO DIVISION)

In re:  
PG&E CORPORATION,  
- and -  
PACIFIC GAS AND ELECTRIC  
COMPANY,  
Debtors.

Bankruptcy Case  
No. 19-30088 (DM)

Chapter 11  
(Lead Case)  
(Jointly Administered)

## Proof of Claim (Wildfire Related – Subrogation Insurers)

Read the instructions before filling out this form.

This form is for Subrogation Insurers to assert general unsecured claims based on amounts paid or reserved for damages or losses resulting from a wildfire. Do not use this form to assert any other pre-petition claims.

Include the aggregate total estimated amount of all insurance subrogation claims, across all individual policies, held by a single creditor on this Proof of Claim.

Complete Attachment 1, substantially in the form provided, to provide detailed information about each of the individual claims that are included in the aggregate total amounts shown on this Proof of Claim, to the extent the information is maintained in the ordinary course of business. When submitting Attachment 1, please provide definitions or explanations of all defined terms used therein. Attachment 1 must be provided to Prime Clerk no later than 30 days after the Bar Date.

Signing this form constitutes an acknowledgement that you will provide additional support documentation for each individual claim on a confidential and professionals' eyes only basis to counsel for the Debtors, the U.S. Trustee, any Statutory Committee appointed in these cases, and any additional parties the Court directs but only after each such party agrees to keep the information provided confidential, which support documentation shall be kept confidential and not filed with the Court unless under seal or with the express written consent of the undersigned creditor.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment. A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571. Fill in all the information about the claim as of January 29, 2019, except where otherwise specified.

### Part 1: Identify the Claim

1. Is this proof of claim being filed on behalf of one or multiple creditors (i.e., other affiliated insurance companies)?

- ☐ One creditor  
☐ More than one creditor

2. Who is (are) the current creditor(s)? For more than ten creditors, please attach separate schedule.

Name of Creditor 1

Name of Creditor 2

Name of Creditor 3

Name of Creditor 4

Name of Creditor 5

Name of Creditor 6

Name of Creditor 7

Name of Creditor 8

Name of Creditor 9

Name of Creditor 10

3. Are the creditor(s) part of one Carrier Group? (See definition of Carrier Group in the attached instructions)

- ☐ No  
☐ Yes. Identify the group: \_\_\_\_\_

4. Has this subrogation claim been acquired from someone else other than the underlying insured? (See question 10)

- ☐ No  
☐ Yes. From whom? \_\_\_\_\_

<b>5. Where should notices and payments to the Creditor(s) be sent?</b>  Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	<b>Where should notices to the creditor(s) be sent?</b>	<b>Where should payments to the creditor(s) be sent? (if different)</b>
	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____	Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____

<b>6. Does this claim amend one already filed?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____ Filed on _____ MM / DD / YYYY
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<b>7. Was a subrogation lawsuit filed pre-petition in connection with this (these) claim(s)?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes. Please Identify Lawsuit: Case/Docket # _____ Court: _____
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**Part 2: Attorney Information (Optional)**

<b>8. Who represents you in this matter?</b>  You do not need an attorney to file this form	<b>Who represents you in this matter?</b>
	Law Firm Name _____  Attorney Name _____  Number _____ Street _____  City _____ State _____ ZIP Code _____  Contact phone _____ Contact email _____

**Part 3: Give Information About the Claim as of the Date the Case Was Filed**

<b>9. Provide a summary of the underlying claims:</b>  Subrogation insurers must produce a file containing details of the individual claims (paid or reserved) that form the basis of this claim.	<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <b>Name of Insurer (if different than the creditor listed in question 1):</b> _____         </td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="vertical-align: top;"> <b>Nature of underlying claim(s) (check all that apply):</b>  <input type="checkbox"/> Structure and Real Property Claims  <input type="checkbox"/> Debris Removal Claims  <input type="checkbox"/> Personal Property Claims  <input type="checkbox"/> Additional Living Expenses, Business Interruption, Loss of Use/Rent Claims  <input type="checkbox"/> Automobile (Rental, Loss of Use, Tow, Storage) Claims  <input type="checkbox"/> Other. Describe: _____         </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <b>Total number of insured losses that form the basis of this claim:</b> _____         </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <b>Total aggregate amount of liquidated claims (i.e., payments made to insureds) as of the date hereof:</b> \$ _____         </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <b>Total aggregate amount of reserved claims as of the date hereof:</b> \$ _____         </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <b>Total aggregate amount of estimated claims (i.e., claims that have not been paid or reserved but are estimated for relevant wildfire incidents that occurred pre-petition):</b> \$ _____         </td> </tr> </table>	<b>Name of Insurer (if different than the creditor listed in question 1):</b> _____		<b>Nature of underlying claim(s) (check all that apply):</b> <input type="checkbox"/> Structure and Real Property Claims <input type="checkbox"/> Debris Removal Claims <input type="checkbox"/> Personal Property Claims <input type="checkbox"/> Additional Living Expenses, Business Interruption, Loss of Use/Rent Claims <input type="checkbox"/> Automobile (Rental, Loss of Use, Tow, Storage) Claims <input type="checkbox"/> Other. Describe: _____		<b>Total number of insured losses that form the basis of this claim:</b> _____		<b>Total aggregate amount of liquidated claims (i.e., payments made to insureds) as of the date hereof:</b> \$ _____		<b>Total aggregate amount of reserved claims as of the date hereof:</b> \$ _____		<b>Total aggregate amount of estimated claims (i.e., claims that have not been paid or reserved but are estimated for relevant wildfire incidents that occurred pre-petition):</b> \$ _____	
<b>Name of Insurer (if different than the creditor listed in question 1):</b> _____													
<b>Nature of underlying claim(s) (check all that apply):</b> <input type="checkbox"/> Structure and Real Property Claims <input type="checkbox"/> Debris Removal Claims <input type="checkbox"/> Personal Property Claims <input type="checkbox"/> Additional Living Expenses, Business Interruption, Loss of Use/Rent Claims <input type="checkbox"/> Automobile (Rental, Loss of Use, Tow, Storage) Claims <input type="checkbox"/> Other. Describe: _____													
<b>Total number of insured losses that form the basis of this claim:</b> _____													
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<b>Total aggregate amount of reserved claims as of the date hereof:</b> \$ _____													
<b>Total aggregate amount of estimated claims (i.e., claims that have not been paid or reserved but are estimated for relevant wildfire incidents that occurred pre-petition):</b> \$ _____													

10. **Provide supporting documentation for any underlying claims that have been assigned, sold or otherwise transferred to the Creditor.**

If any of the individual claims that form the basis of this claim have been assigned, sold or otherwise transferred to the Creditor, please provide the following additional information for each individual claim, or such additional information as otherwise agreed to between the Creditor and the Debtors:

1. A copy of the original contract of sale / assignment of contract for the underlying subrogated claim, or any other documentation reflecting a valid assignment of the subrogated rights.
2. A copy of insurer's written notification to insured (pursuant to 10 Cal. Code Regs. § 2695.7(p)) of its election not to directly pursue subrogation or discontinuation of its pursuit of subrogation.
3. A copy of the underlying policy for the subrogated claim.

Due to the voluminous nature of this information and confidentiality concerns, in lieu of attaching this information to their Proof of Claim, Creditors holding assigned claims may agree to provide this information directly to the Debtors on terms acceptable to such Creditors and the Debtors including pursuant to a Non-Disclosure Agreement.

**Part 4: Sign Below**

**The person completing this proof of claim must sign and date it. FRBP 9011(b).**

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

**A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.**

*Check the appropriate box:*

- ☐ I am the creditor.  
☐ I am the creditor's attorney or authorized agent.  
☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.  
☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date \_\_\_\_\_(mm/dd/yyyy)

\_\_\_\_\_  
Signature

**Print the name of the person who is completing and signing this claim:**

Name  
First name Middle name Last name

Title \_\_\_\_\_

Company  
Identify the corporate servicer as the company if the authorized agent is a servicer.

Address  
Number Street

City State ZIP Code

Contact phone Email

# Instructions for Proof of Claim (Wildfire Related – Subrogation Insurers)

United States Bankruptcy Court

These instructions and definitions generally explain the law. In certain circumstances, such as bankruptcy cases that debtors do not file voluntarily, exceptions to these general rules may apply. You should consider obtaining the advice of an attorney, especially if you are unfamiliar with the bankruptcy process and privacy regulations.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both.  
18 U.S.C. §§ 152, 157 and 3571.

## How to fill out this form

- **Fill in all of the information about the claim as of January 29, 2019.**
- **Attach any supporting documents to this form.**  
Attach redacted copies of any documents that show that the debt exists, a lien secures the debt, or both. (See the definition of *redaction* on the next page.)
- **Do not attach original documents because attachments may be destroyed after scanning.**
- **If the claim is based on delivering health care goods or services, do not disclose confidential health care information. Leave out or redact confidential information both in the claim and in the attached documents.**
- **A Proof of Claim form and any attached documents must show only the last 4 digits of any social security number, individual's tax identification number, or financial account number, and only the year of any person's date of birth. See Bankruptcy Rule 9037.**
- **For a minor child, fill in only the child's initials and the full name and address of the child's parent or guardian.** For example, write *A.B., a minor child (John Doe, parent, 123 Main St., City, State)*. See Bankruptcy Rule 9037.

## Confirmation that the claim has been filed

To receive confirmation that the claim has been filed, either enclose a stamped self-addressed envelope and a copy of this form. You may view a list of filed claims in this case by visiting the Claims and Noticing Agent's website at <https://restructuring.primeclerk.com/page>.

## Understand the terms used in this form

**Carrier Group:** As used herein, "carrier group" refers to affiliated insurers listed in response to question 2 using a common, public-facing name. The use of the term "carrier group" does not imply any formal affiliation requirement. Answering this question is without prejudice to the assertion of claims by any member of the carrier group to the extent its claims are not included in this proof of claim.

**Claim:** A creditor's right to receive payment for a debt that the debtor owed on the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (5). A claim may be secured or unsecured.

**Creditor:** A person, corporation, or other entity to whom a debtor owes a debt that was incurred on or before the date the debtor filed for bankruptcy. 11 U.S.C. § 101 (10).

**Debtor:** A person, corporation, or other entity who is in bankruptcy. Use the debtor's name and case number as shown in the bankruptcy notice you received. 11 U.S.C. § 101 (13).

**Information that is entitled to privacy:** A *Proof of Claim* form and any attached documents must show only the last 4 digits of any social security number, an individual's tax identification number, or a financial account number, only the initials of a minor's name, and only the year of any person's date of birth. If a claim is based on delivering health care goods or services, limit the disclosure of the goods or services to avoid embarrassment or disclosure of confidential health care information. You may later be required to give more information if the trustee or someone else in interest objects to the claim.

**Proof of claim:** A form that shows the amount of debt the debtor owed to a creditor on the date of the bankruptcy filing. The form must be filed in the district where the case is pending.

**Redaction of information:** Masking, editing out, or deleting certain information to protect privacy. Filers must redact or leave out information entitled to **privacy** on the *Proof of Claim* form and any attached documents.

**Secured claim under 11 U.S.C. § 506(a):** A claim backed by a lien on particular property of the debtor. A claim is secured to the extent that a creditor has the right to be paid from the property before other creditors are paid. The amount of a secured claim usually cannot be more than the value of the particular property on which the creditor has a lien. Any amount owed to a creditor that is more than the value of the property normally may be an unsecured claim. But exceptions exist; for example, see 11 U.S.C. § 1322(b) and the final sentence of § 1325(a).

Examples of liens on property include a mortgage on real estate or a security interest in a car. A lien may be voluntarily granted by a debtor or may be obtained through a court proceeding. In some states, a court judgment may be a lien.

**Unsecured claim:** A claim that does not meet the requirements of a secured claim. A claim may be unsecured in part to the extent that the amount of the claim is more than the value of the property on which a creditor has a lien.

## Offers to purchase a claim

Certain entities purchase claims for an amount that is less than the face value of the claims. These entities may contact creditors offering to purchase their claims. Some written communications from these entities may easily be confused with official court documentation or communications from the debtor. These entities do not represent the bankruptcy court, the bankruptcy trustee, or the debtor. A creditor has no obligation to sell its claim. However, if a creditor decides to sell its claim, any transfer of that claim is subject to Bankruptcy Rule 3001(e), any provisions of the Bankruptcy Code (11 U.S.C. § 101 et seq.) that apply, and any orders of the bankruptcy court that apply.

## Please send completed Proof(s) of Claim to:

### If by first class mail:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
Grand Central Station, PO Box 4850  
New York, NY 10163-4850

### If by overnight courier or hand delivery:

PG&E Corporation Claims Processing Center  
c/o Prime Clerk LLC  
850 Third Avenue, Suite 412  
Brooklyn, NY 11232

<b>Do not file these instructions with your form</b>
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## Attachment 1 to Omnibus Insurance Subrogation Proof of Claim

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## Attachment 1 to Omnibus Insurance Subrogation Proof of Claim

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